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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8A)

I hereby certify that this correspondence is, on the date shown below, being:



MAILING

_____ deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FACSIMILE

_____ transmitted by facsimile to the Patent and Trademark Office.

Date: 20 June 2005

Lisa L. Pringle
Signature

Lisa L. Pringle

(type or print name of person certifying)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: _____)

Kenneth W. Aull _____)

Group Art Unit: 2131

Serial No.: 09/704,417 _____)

Filed: 1 November 2000 _____)

Examiner: Christian A. LaForgia

For: *Chain of Trust Processing*

RESPONSE TO OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 20, 2005, issued in connection with the above-identified application, please enter and consider the following amendments and remarks.

Remarks/Arguments begin on page 2 of this paper.



PATENT
ATTORNEY DOCKET NO.: NG(MS)7188

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Kenneth W. Aull

Confirmation No.: 4633

Application No.: 09/704,417

Examiner: Christian A. LaForgia

Filing Date: 1 November 2000

Group Art Unit: 2131

Title: Chain of Trust Processing

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|-----------------------------|--------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Response/Amendment | <input type="checkbox"/> | Request to extend time to respond |
| <input type="checkbox"/> | New fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input checked="" type="checkbox"/> | No additional fee | | |
| <input type="checkbox"/> | Other: _____ (fee \$ _____) | | |

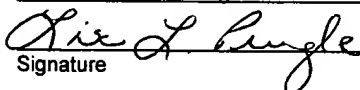
CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
FOR	CLAIMS REMAINING AFTER AMENDMENT	NUMBER EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS		MINUS		0	\$50.00	\$0.00
INDEP. CLAIMS		MINUS		0	\$200.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					\$360.00	
EXTENSION FEE	1ST MONTH	2ND MONTH	3RD MONTH	4TH MONTH		
	\$120.00 <input type="checkbox"/>	\$450.00 <input type="checkbox"/>	\$1,020.00 <input type="checkbox"/>	\$1,590.00 <input type="checkbox"/>		
OTHER FEES						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

Charge \$_____ to Deposit account 20-0090. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 20-0090 pursuant to 36 CFR 1.25. Additionally, please charge any fees to Deposit Account 20-0090 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

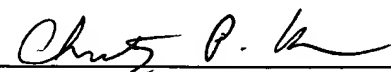
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Date: June 20, 2005
Lisa L. Pringle


Signature

Respectfully submitted,

By 
Christopher P. Harris

Attorney/Agent for Applicant(s)
Reg. No.: 43,660
Date: June 20, 2005
Telephone: (216)621-2234